SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	FOR LINE NUMBER: PAGE 14 / 18		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30	
Any Information copied from such Reports and State					
or for commercial purposes, other than using the na	me and address of any politica	committee to so	licit contributions fro	m such committee	
NAME OF COMMITTEE (In Full)	, Dolitical Action Committe				
American Academy of Pediatric Dentistry	Political Action Committee	ee			
Full Name (Last, First, Middle Initial)			Transaction ID:	SB23 13367	
FRIENDS OF LOIS CAPPS			Date of Disburse	ment	
Mailing Address PO Box 23940			05 0	2 2010	
City	State Zip Code		Amount of Each	Disbursement this Period	
Santa Barbara	CA 93121			0500.00	
Purpose of Disbursement				3500.00	
Capps CA 2010 House General Candidate Name		Cotogony			
		Category/ Type			
	sement For: 2010				
Senate President	Primary X General				
State: CA District: 23	Other (specify)				
Full Name (Last, First, Middle Initial)			Tuenes etter ID	CD00 10075	
GREGG HARPER FOR CONGRESS			Transaction ID: Date of Disburse		
			M M / D	9 2010	
Mailing Address POST OFFICE BOX 54	1344		0 5	9 2010	
City	State Zip Code		Amount of Each	Disbursement this Period	
PEARL Property of Dishurants	MS 39288			4000.00	
Purpose of Disbursement Harper MS 2010 House General				1000.00	
Candidate Name		Category/ Type			
Office Sought: X House Disbur	sement For: 2010	71			
Senate	Primary X General				
President	Other (specify) ▼				
State: MS District: 03					
Full Name (Last, First, Middle Initial) HEATH SHULER FOR CONGRESS			Transaction ID: Date of Disburse		
Mailing Address PO Box 8446			0 5 M / D 1	9 7 2010	
0.1	7'- 0-1-			D. I	
City Asheville	State Zip Code NC 28814		Amount of Each	Disbursement this Period	
Purpose of Disbursement				3500.00	
Shuler NC 2010 House General					
Candidate Name		Category/ Type			
Office Sought: X House Disbur	sement For: 2010				
Senate	Primary X General				
State: NC District: 11	Other (specify)				
Glade. INO DISTINCT. I I					
SUBTOTAL of Disbursements This Page (optional)	>		11000.00	
TOTAL This Period (last page this line number onl	y)				
FE6AN026			FEC Schedule	B (Form 3X) (Revised 02	